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### \*\* CONTINUING DATA \*\*\*\*\*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

### ADDRESS

40627

### TITLE

OPHTHALMIC PHOTOGRAPHIC APPARATUS

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